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**FAX TRANSMISSION****DATE:** April 7, 2005**PTO IDENTIFIER:** Application Number 10/662,191-Conf. #9371  
Patent Number**Inventor:** Gordon et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP

Robert J. Tosti

**PHONE:** (617) 517-5584**Attorney Dkt. #:** 62868CON(71589)**PAGES (Including Cover Sheet):** 4**CONTENTS:** Revocation of Power of Attorney and Change of Correspondence Address (1 page)  
Statement Under 37 CFR 3.73(b) (1 page)  
Certificate of Transmission (1 page)

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Application No. (if known): 10/662,191

Attorney Docket No.: 62868CON(71589)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/662,191-Conf. #9371
	Filing Date	September 12, 2003
	First Named Inventor	Norman S. Gordon
	Art Unit	3731
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	62868CON8(71589)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **21874**
☒ Please change the correspondence address for the above-identified application to:

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OR

☐ Firm or  
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

SIGNATURE of Applicant or Assignee of Record

Signature

Name

**Jeff Z. Mann**

Date

**4/4/05**

Telephone

**508/652-5955**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Norman S. Gordon et al.  
Application No./Patent No.: 10/662,191 Filed/Issue Date: September 12, 2003Entitled: SUTURING INSTRUMENTS AND METHODS OF USE  
Boston Scientific Scimed, Inc.  
aka Scimed Life Systems, Inc.), a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Jeff Z. Mann  
Signature  
Jeff Z. Mann  
Printed or Typed Name  
Assistant Secretary  
Title

4/4/05  
Date  
508/652-5955  
Telephone Number